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## BIB DATA SHEET

CONFIRMATION NO. 6111

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/524,399	02/11/2005	435	1636	TX/4-32608A
<b>RULE</b>				
<b>APPLICANTS</b> Andreas Krause, Allschwil, SWITZERLAND; Detlef Niese, Freiburg, GERMANY; Friedrich Raulf, Freiburg, GERMANY; Andreas Scherer, Rheinfelden-Herten, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/09292 08/21/2003 /LMM/ 2/6/2008 which claims benefit of 60/405,225 08/22/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /LAURA MCGILLEM MITCHELL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 11
			<b>INDEPENDENT CLAIMS</b>	2
<b>ADDRESS</b> NOVARTIS CORPORATE INTELLECTUAL PROPERTY ONE HEALTH PLAZA 104/3 EAST HANOVER, NJ 07936-1080 UNITED STATES				
<b>TITLE</b> Diagnosis of chronic rejection				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	